

# RS-1 FORM YEAR 2006



MISSOURI DEPARTMENT OF TRANSPORTATION  
MOTOR CARRIER SERVICES

**UNIFORM APPLICATION FOR SINGLE STATE REGISTRATION FOR MOTOR CARRIERS OPERATING  
UNDER AUTHORITY ISSUED BY THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION**

## MAIL COMPLETED FORM TO:

MODOT – MOTOR CARRIER SERVICES  
1320 CREEK TRAIL DRIVE, P.O. BOX 893  
JEFFERSON CITY, MO 65102-0893

IF ASSISTANCE NEEDED CALL: **(866) 831-6277 OR (573) 751-7100**

FAX NUMBER: (573) 522-6708

WEB ADDRESS: [www.modot.org/mcs](http://www.modot.org/mcs)

## MOTOR CARRIER IDENTIFICATION NUMBERS

USDOT NO	FMCSA MC NO(S)	FEIN NO
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## APPLICANT (IDENTICAL TO NAME OF FMCSA)

NAME	TELEPHONE NUMBER
D/B/A	FAX NUMBER

## PRINCIPAL PLACE OF BUSINESS ADDRESS <sup>1</sup>

STREET
CITY, STATE, ZIP CODE

## MAILING ADDRESS (IF DIFFERENT FROM BUSINESS ADDRESS ABOVE)

STREET
CITY, STATE, ZIP CODE

## TYPE OF REGISTRATION

- ☐ **New Carrier Registration** - The motor carrier has not previously registered.
- ☐ **Annual Registration** - The motor carrier is renewing its annual registration.
- ☐ **New Registration State Selection** - The motor carrier has changed its principal place of business or its prior registration state has left the registration program. The prior registration state was \_\_\_\_\_.

## TYPE OF MOTOR CARRIER (CHECK ONE)

- ☐ INDIVIDUAL      ☐ PARTNERSHIP      ☐ LIMITED LIABILITY PARTNERSHIP
- ☐ CORPORATION      ☐ LIMITED LIABILITY COMPANY      **STATE INCORPORATED:** \_\_\_\_\_

## LIST NAME OF PARTNERS OR OFFICERS BELOW

NAME	TITLE

<sup>1</sup>A principal place of business is a single location that serves as a motor carrier's headquarters and where it maintains or can make available its operational records.

**TYPE OF MOTOR CARRIER OPERATION (CHECK ONLY ONE BLOCK)**

- ☐ TRANSPORTER OF **PROPERTY** - Using freight vehicles with a gross vehicle weight rating of 10,000 pounds or more.
- ☐ TRANSPORTER OF **PROPERTY** - Using **only** freight vehicles with a gross vehicle weight rating of **less than** 10,000 pounds.
- ☐ TRANSPORTER OF **PASSENGERS** - Using vehicles with a seating capacity of 16 passengers or more.
- ☐ TRANSPORTER OF **PASSENGERS** - Using **only** vehicles with a seating capacity of 15 passengers or less.

**FMCSA CERTIFICATE(S) OR PERMIT(S)**

- ☐ FMCSA Authority Order(s) attached for first year registration.
- ☐ FMCSA Authority Order(s) attached for additional authority received.
- ☐ No change from prior year registration.

**PROOF OF PUBLIC LIABILITY SECURITY (CHECK ONLY ONE BLOCK)**

- ☐ The applicant or its insurance company **will file** a copy of its proof of public liability security to the registration state.
- ☐ The applicant or its insurance company **has filed** a copy of its proof of public liability security with the registration state and the insurance coverage as stated on that form remains in effect.
- ☐ The applicant has an approved self-insurance plan or other security in full force and effect and the carrier is in full compliance with the conditions imposed by the FMCSA order. A copy of the FMCSA insurance order is attached or has previously been filed with the registration state.

**HAZARDOUS MATERIALS**

- ☐ The applicant **will NOT haul** hazardous materials in any quantity.
- ☐ The applicant **will haul** hazardous materials requiring **\$1 million** in Public Liability and Property Damage Insurance in accordance with Title 49 C.F.R. § 1043.2.
- ☐ The applicant **will haul** hazardous materials requiring **\$5 million** in Public Liability and Property Damage Insurance in accordance with Title 49 C.F.R. § 1043.2.

**PROCESS AGENT**

- ☐ FMCSA Form No. BOC-3 or blanket designation attached for new registration.
- ☐ FMCSA Form No. BOC-3 or blanket designation attached reflecting changes of designation of process agents.
- ☐ No change from prior year registration.

**CERTIFICATION**

I, the undersigned, under penalty for false statement, certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the applicant. (Penalty provisions subject to the laws of the registration state.)

NAME (PRINTED)

DATE

SIGNATURE

TITLE

